

## ATTACHMENT G1

### FIGURES

The following pages contain the Figures referenced in this part.

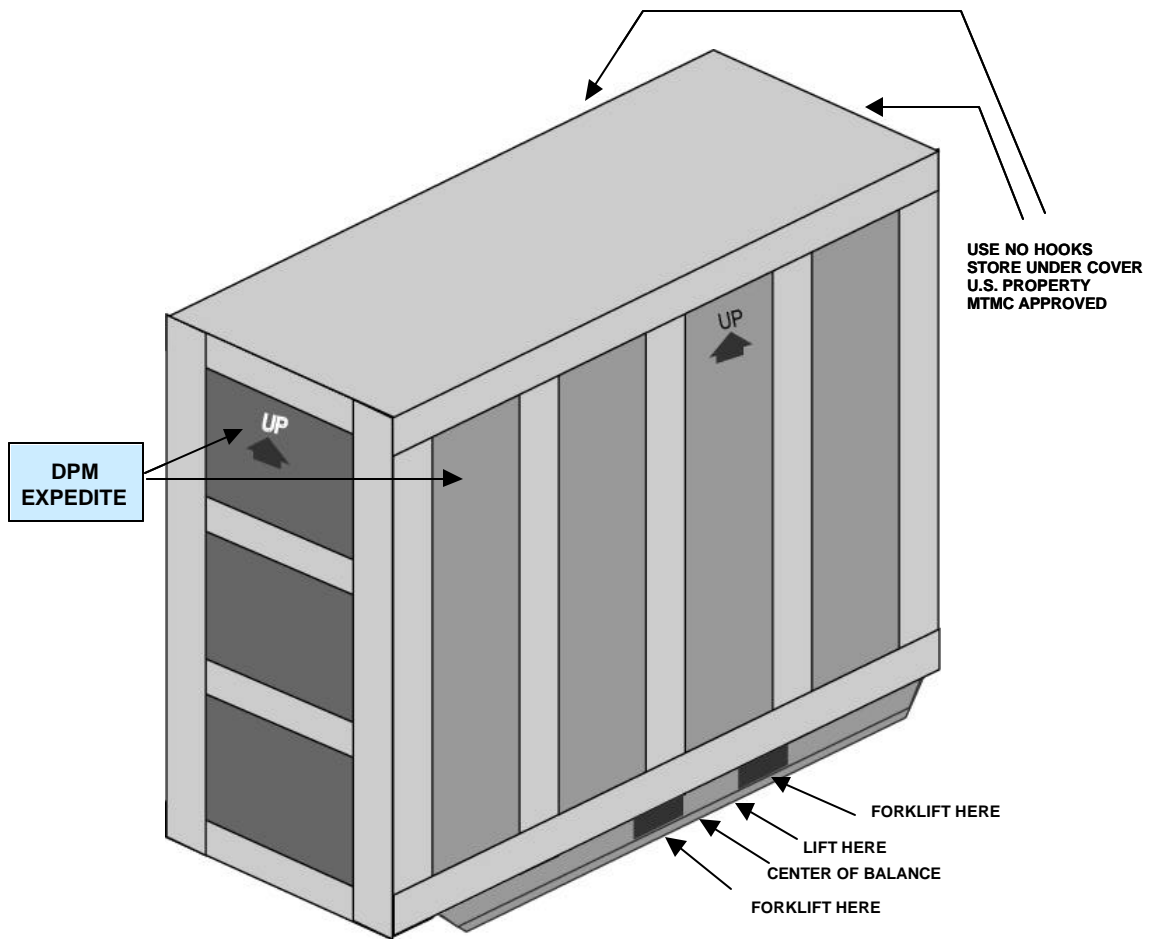
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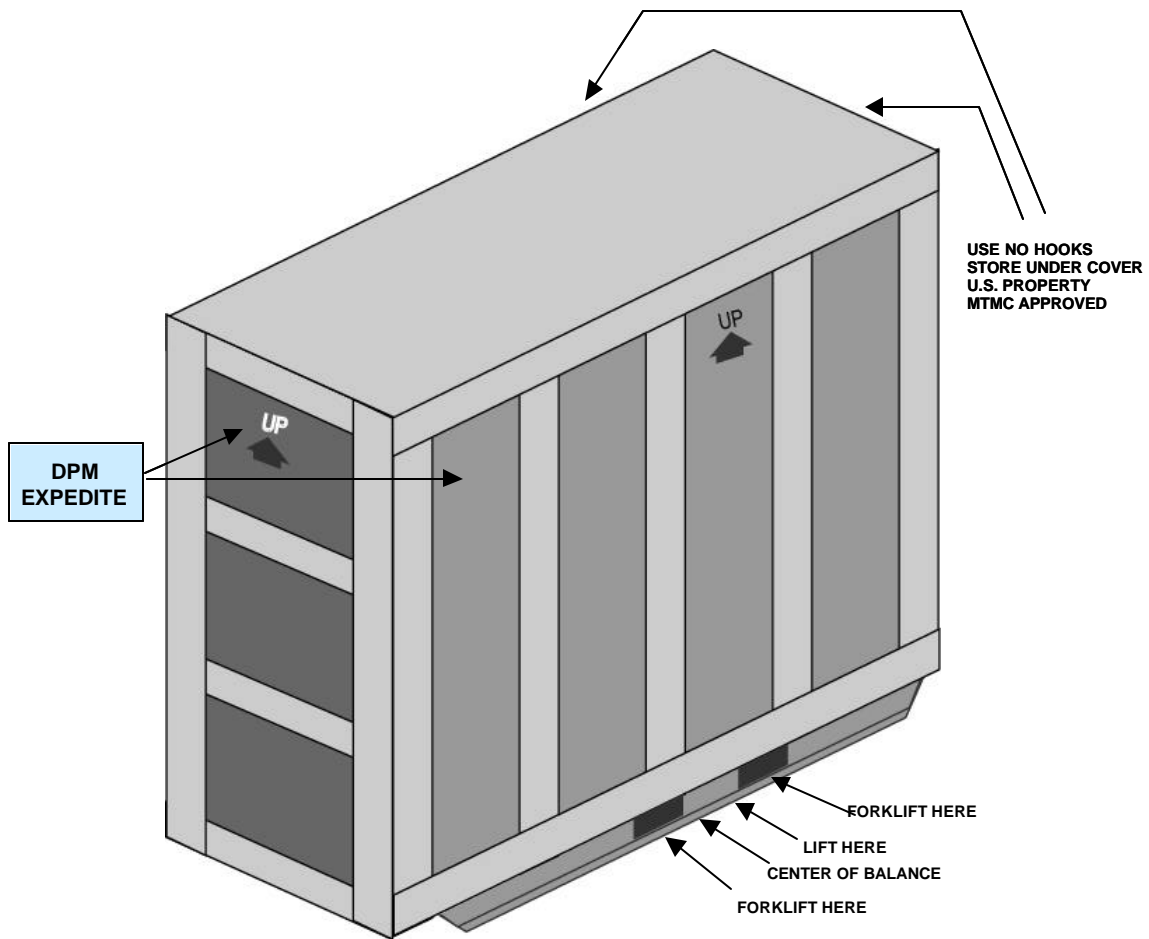
### Figure G1-1. Household Goods Descriptive Inventory

PACKING LIST OF HOUSEHOLD GOODS						Page 1 of
SHIPPING ACTIVITY		OWNER (Name)		(Rank or rate)		
PACKED BY		LOT NO.		DATE		
CONSIGNEE TO (Name and complete address)						
METHOD OF SHIPMENT						
<input type="checkbox"/> Rail (LCL) <input type="checkbox"/> Air Freight <input type="checkbox"/> Motor Freight <input type="checkbox"/> Water              Other _____ (Specify)						
Container No.	*Type of Container	Contents	Inv No.	Wt. (Lbs.)	Location of Condition	Cubic feet
<b>*ABBREVIATIONS</b>						
FOR TYPE OF CONTAINER:		EXCEPTION SYMBOLS		LOCATION SYMBOLS		
NW - Nailed Wood FB - Fiber Board OC - Open Crate BRL - Barrel HGCC - Household Goods Consolidated Crate	BR - Broken BU - Burned CH - Chipped CU - Contents and Conditions Unknown D - Dented	F - Faded G - Gouged GC - Good Condition L - Loose M - Marred NW - Normal Wear	R - Rubbed SC - Scratched SO - Soiled T - Torn Z - Cracked OR - Owner's Risk	B - Bottom C - Corner F - Front LEF - Left RE - Rear	RT - Right S - Side TOP - Top LG - Leg V - Veneer	

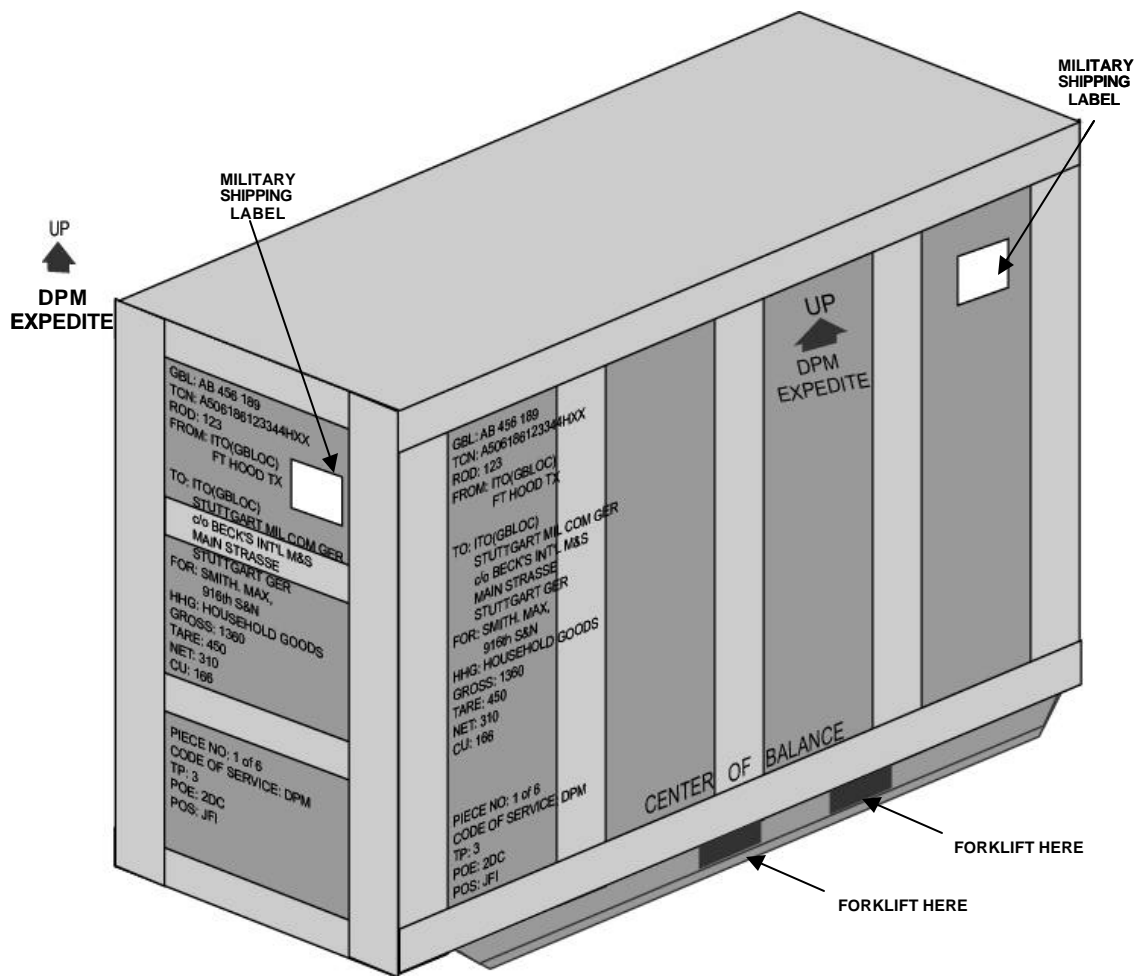
**Figure G1-2. Packing List of Household Goods**



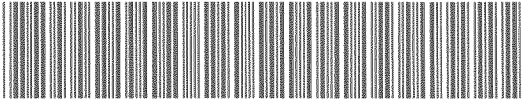
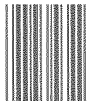


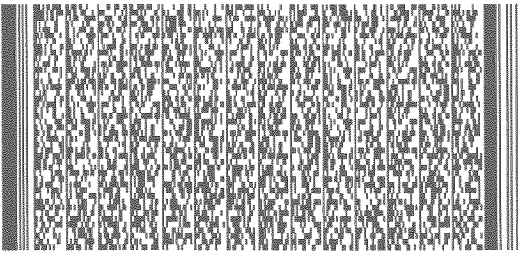
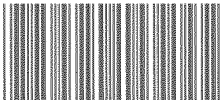
**Figure G1-3. Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box**



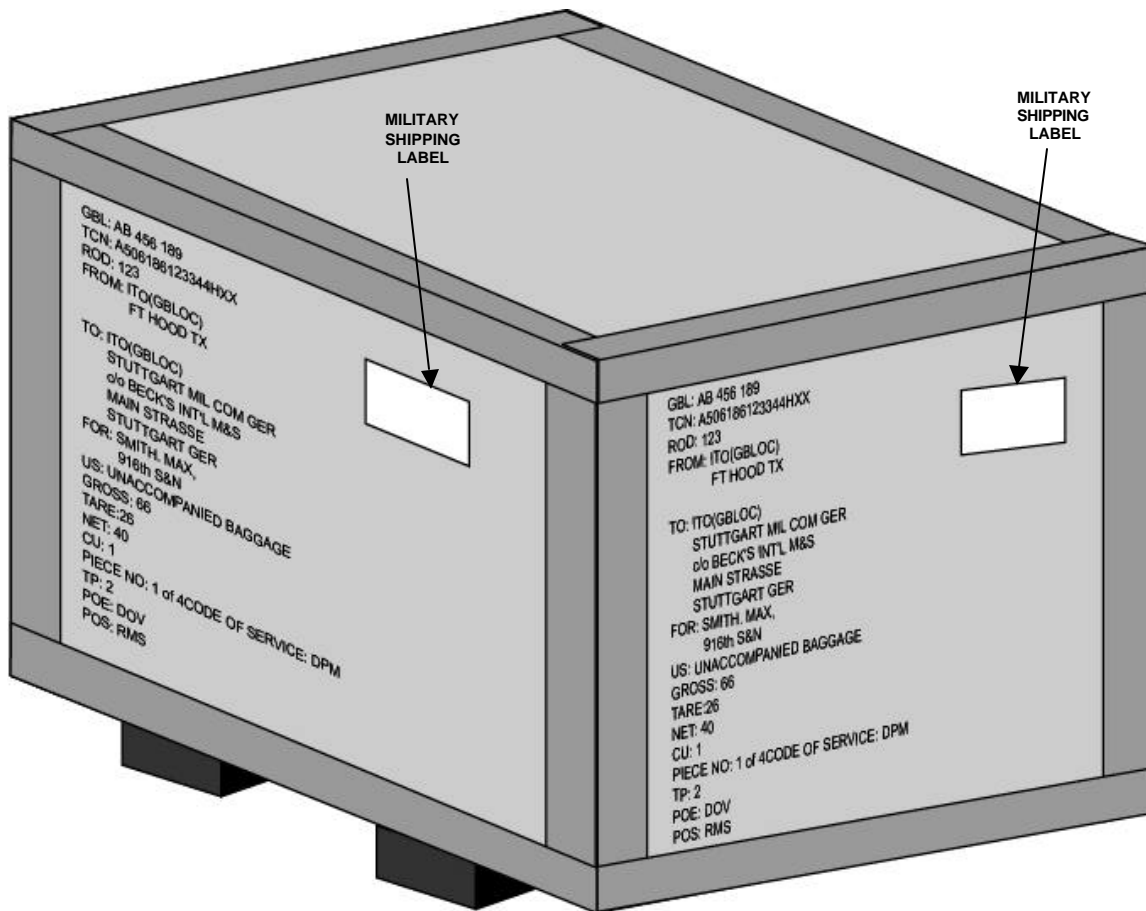
**Figure G1-4. Location of Permanent Markings on MIL-STD-1489 HHG Box**



**Figure G1-5. Container Marking for Household Goods**

TCN <b>F1096305469621JXX</b>			
			
From <b>FB4407</b> In-the-clear Address 3 Lines Max, 35 Characters Per Line XXXXXXXXXXXXXXXXXXXXXXXXXX		TAC / PPGBL / Carrier FZZZ M1234567 XYZ Carrier Worldwide	
Piece <b>1</b> Of 4 	Weight (lb.) <b>350</b> Cube (ft.) <b>36</b>	Date Shipped <b>1099</b>	RDD <b>118</b>
Ship To / POE 		In-the-clear Address 5 Lines Max, 35 Characters Per Line Abcdefg Higjklmno Pqrstuv Wxyz Abcdefg Higjklmno Pqrstuv Wxyz XXXXXXXXXXXXXXXXXXXXXXXXXX	
POD 		MSL / TCMD Information 	
Type Service <b>TGBL UB</b>			
Tare Weight (lb.) <b>40</b>			
Net Weight (lb.) <b>310</b>			
For <b>JB Smith</b>			
<b>FB5612</b> 		Ultimate Consignee / Mark For Consignee Free Text Address 5 Lines Max, 35 Characters Per Line Abcdefg Higjklmno Pqrstuv Wxyz Abcdefg Higjklmno Pqrstuv Wxyz XXXXXXXXXXXXXXXXXXXXXXXXXX	

**Figure G1-6. Military Shipping Label for Personal Property**



**Figure G1-7. Markings of Unaccompanied Baggage**



JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY			
<u>Privacy Act Statement</u>			
<b>AUTHORITY:</b>	The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).		
<b>PRINCIPLE PURPOSE(S):</b>	The information requested is to be used in evaluating claims.		
<b>ROUTINE USE(S):</b>	The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.		
<b>DISCLOSURE:</b>	Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.		
<b>GENERAL INSTRUCTIONS:</b> The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.			
<b>SECTION A - GENERAL</b> (To be completed by carrier/contractor)			
1. NAME OF OWNER (Last, First, Middle Initial)	2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT
5. ORIGIN OF SHIPMENT (City and State/Country)		6. DESTINATION OF SHIPMENT (City and State/Country)	
7. PPGBU/ORDER NUMBER	8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR	
10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.	
<b>SECTION B - RECORD OF LOSS OR DAMAGE</b> (To be completed jointly by member and carrier's/contractor's representative)			
13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.			
a. Inv. No.	b. Name of item	c. Description of loss or damage (If missing, so indicate)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           14. ACKNOWLEDGMENT BY MEMBER OR AGENT (X and complete as applicable and sign below)           <div style="margin-top: 5px;">             a. I received my property in apparently good condition except as indicated above. A continuation sheet <input type="checkbox"/> was <input type="checkbox"/> was not used.           </div> <div style="margin-top: 5px;">             b. Unpacking and removal of packing material, boxes, cartons, and other debris <input type="checkbox"/> is <input type="checkbox"/> is not waived.           </div> <div style="margin-top: 5px;">             c. I estimate the amount of my loss and/or damage at \$           </div> <div style="margin-top: 5px;">             d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.           </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">               e. Telephone Number             </div> <div style="width: 45%;">               f. Date Signed             </div> </div> <div style="margin-top: 5px;">             g. Signature           </div> </div> <div style="width: 48%;">           15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE (X and complete as applicable and sign below)           <div style="margin-top: 5px;">             a. Property was delivered in apparently good condition except as otherwise noted above.           </div> <div style="margin-top: 5px;">             b. I will initiate tracer action for missing items.           </div> <div style="margin-top: 5px;">             c. Name of delivering carrier/agent/contractor           </div> <div style="margin-top: 5px;">             d. Storage in transit? <input type="checkbox"/> Yes <input type="checkbox"/> No           </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">               e. Signature             </div> <div style="width: 45%;">               f. Date Signed             </div> </div> </div> </div>			

DD Form 1840, JAN 88
Previous editions are obsolete.
PAGE    OF    PAGES

**Figure G1-8. Joint Statement of Loss and Damage at Delivery (DD Form 1840)**





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